

DEPT ON AGING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046023C	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2014
NAME OF PROVIDER OR SUPPLIER ROYAL TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING RD OLATHE, KS 66061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation KS#72155, 70696, 70641.	S 000			
S 600 SS=C	28-39-158(a) DIETARY SERVICES Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations. (a) Staffing. (1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision. (2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department. Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r)(1) through (4)	S 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	<p>This Requirement is not met as evidenced by: The facility reported a census of 44 residents. Based on observation, record review and interview the facility failed to employ a full-time certified dietary manager.</p> <p>Findings included:</p> <p>Upon initial tour of the kitchen on 3/10/13 at 8:30 A.M. no dietary manager was on duty.</p> <p>Interview on 3/10/13 at 8:30 A.M. kitchen staff GG stated the dietary manager covered the evening meal and would come in later.</p> <p>Interview on 3/12/14 at 11:20 A.M. dietary manager K stated he/she completed the training but was not a Certified Dietary Manager (CDM).</p> <p>Interview on 3/13/14 at 11:25 A.M. dietary consultant JJ stated the dietary manager completed the training but was not a CDM.</p> <p>The facility failed to provide a policy regarding employment of a CDM.</p> <p>The facility failed to employ a full time certified dietary manager.</p>				